

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4282

State File No.

REC'D MAR 10 1952

BIRTH NO. 30423 REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5246 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Musselfork Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Musselfork Twp. Rural 0210</u>	
c. LENGTH OF STAY (In this place) <u>9 MO 20 DA</u>		d. STREET ADDRESS (If rural, give location) <u>Southeast of Marceline, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast of Marceline, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>May 7, 1951</u>		9. AGE (In years last birthday) <u>9</u> MONTHS <u>20</u> DAYS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James Paul Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Leola Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jas. Paul Jackson Keytesville, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrospinal meningitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brainial Pressure</u> DUE TO (c) <u>Hydrocephalus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>6 day</u> <u>Since death</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>752X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-7, 1952, to 2-27, 1952, that I last saw the deceased alive on 2-20, 1952, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>66 Wood</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>2/28/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>2/3-52</u>		REGISTRAR'S SIGNATURE <u>J.W. Hawkins</u> <u>55</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James M. Loughlin Marceline</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Davelst

Licensed Embalmer No. 4799

P. O. Address Marceline, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.